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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Complete if Known	
				Application Number	
				Filing Date	
				First Named Inventor	
				Art Unit	
Examiner Name		H. M. Kazimi			
Attorney Docket Number		DLT-004			
Sheet	1	of	1		

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

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	C44	Final Office Action issued in related U.S. Application No. 10/702,568, Atty. Docket No. DLT-002DIV, mailed May 28, 2007, 10 pages.	

Examiner Signature	/Hani Kazimi/	Date Considered	01/19/2009
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